Management of Snake Bite Ulcer by Ayurvedic Formulation - A Case Report

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ABSTRACT

In developed countries the most common chronic wound are leg ulcers. Ulcer can be defined as "a break in the epithelial continuity" 1 a chronic ulcer unresponsive to dressing and simple treatment, should be biopsied to rule out neo plastic change. Surgical treatment is only indicated if non operative treatment has failed or if the patient suffers from intractable pain. Wound healing is a mechanism whereby the body attempts to restore the integrity of the injured part delayed healing may result in loss of function or poor cosmetic outcome. Here we are reporting a case of snake bite ulcer in a 37 yr male patient since 1999. This case was treated in IPD with only Ayurvedic preparations followed by regular cleaning and dressing with normal saline and prapaundrikadi ghrita for approx two months. 2 months procedure resulted in complete wound healing and restored ability to perform daily routine. Prapaundrikadi Ghrita in this case resulted in enhancing wound healing in this patient.

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INTRODUCTION

Snakebite may be a life-threatening emergency that poses a serious concern in tropical and subtropical countries. About five million snake bites occur each year and resulting 81,000–138,000 deaths annually worldwide². Snakebite causes both local and systemic effects. The snake bites primarily cause local complications like bleeding. Other features of a snake bite are mainly pain, swelling ecchymosis, blisters, and cellulites'. Snake venom has proteolytic properties those leads to extensive tissue necrosis. Snake venom has platelet aggregating activity which produces thrombocytopenia and hypofibrinogenemia. As a result, they cause local venous vasculopathy causing swelling, blisters and necrosis then this site becomes a source for bacterial colonization. The oral flora of the snake also contains multiple

microorganisms which again act as a source for secondary bacterial infection. In general, ulcers are managed by using infection control methods, ulcer healing, surgical repair, fasciotomy, and amputation but these modalities have gotten the restrictions and also leads to few complications.

Classics mentioned *Dirgha kala anubandhativam* ³(chronic in nature) to point chronic ulcers (*Dusta vrana*). It is a sort of *Vrana* with vitiated *Tridoshas* that's difficult to heal, presence of *Srava* (discharge), *Putipuyamamsa* (slough with pus), *Vedana* (pain), etc., The signs and symptoms of *Dusta vrana* are mentioned in the classics are *Ativivrita* (having broad base), *Bhairava* (ugly look), *Gandha*, *Putipuya mamsa*, *Vedana*, *and Dirgha kala anubhandi* Such manifestations are *Kricchrasadhya* (difficult to treat).

Ingredients of prapaundrikadi ghrita⁴

	1 1		
Plant name	Botanical name	Property	Part used
Prapaundrika	Sacchram officinarum	Antibacterial, Anti-oxidant, anti-inflammatory	Root
Manjistha	Rubia cordifolia	Anti inflammatory, antibacterial	Root
Madhuka	Glycirhiza glabra	Anti microbial anti oxidant, anti inflammatory	Stem
Usheer	Viteveria zizanoides	Anti bacterial	Root
Padhmak	Prunus cerasoides	Anti oxidant anti bacterial	Twak and beej majja
Haridra	Curcuma longa	Anti microbial	Stem

Prapaundrikadi Ghrita is indicated in healing of wounds in *Chakradutta* in the chapter no **44 in** *Vrana Sotha Adhikara*, for this study this drug was procured from department of Shalya Tantra, Faculty of Ayurveda, Institute of Medical Sciences Banaras Hindu University.

CASE REPORT- A 37 year male patient visited our *Vranopchar OPD* with chief complain of-left leg wound associated with redness swelling pain during walking with watery discharge from the wound.

P/H (Past History)-In the year **1999** he was bitten by a snake and as a result of the poison the affected area become blackish in color along with pus discharge, he consulted a doctor nearby and started his treatment with the passage of time and due to the effect of medication the wound was healed

In the year 2013-he was hit by a bat while playing cricket on the same place then he was admitted in BHU Ayurveda wing for proper management, skin graft was performed but it was not successful, later on the wound was healed and he was discharged from the hospital.

In the year **2020**-he was again hit by a piece of brick exactly at the same place due to this the skin of that area was lost and a wound was created having features of reddish discloration, pain watery discharge and swelling near the affected wound, for this he again came to S.S. Hospital B.H.U. Ayurveda wing and got admitted on 04/03/2021 for better management.

General examination- Pallor, icterus, cyanosis, clubbing, edema were absent

Lymphadenopathy- Absent

Systemic examination-

Central Nervous System- Conscious, co-operative, well-oriented to person, place and time.

Cardiovascular System - Both S1 and S2 normal, No any cardiac murmur heard

Respiratory System -Trachea centrally placed, B/L equal chest expansion, B/L equal air entry, Bronchovesicular sound normal

Per Abdomen (GIT)- Umbilicus is centrally placed and inverted, Abdomen soft and nontender, No any organomegally,

Physical examination of the wound-

A. INSPECTION

Size (Lxw) = 10.4cm x5.2cm (54.08sq cm), Depth= Partial thickness skin loss involving epidermis and dermis, Anatomical location= Medial aspect of left leg above medial maleolus, Edges= Well defined, not attached to base, rolled under, thickened, Exudates type= Serous, thin watery and clear, Exudates amount= Small, Granulation tissue= Bright beefy red, Epithelization= <25% wound covered, Skin color surrounding wound= Black

B. PALPATION-

Peripheral tissue edema= Non pitting edema extends <4 cm around wound, Peripheral tissue induration = <2 cm around wound, Temp= Afebrile

Pathological test and routine investigations- CBC

Hb=13.10gm/dl, RBC=4.58x10⁶/ul, WBC=7.56x10³/ul, PLT=241x10³/ul

RBS=96mg/dl

Plan of wound management-

Plan	Drug used/given	Duration
Trayodashang guggulu	2 bd (500mg bd)	2 months
Aamlaki rasayana	1tsf bd (3 gm bd)	2 months
Ashwagandha churna	1 tsf bd (3 gm bd)	2 months
Prapaundrikadi ghrita	For local application over the wound area	2 months

OUTCOME-

Depth-Non-blanchable erythema on intact skin, Edge-Indistinct, diffuse none clearly visible, Exudates amount- Dry wound/none, Exudates type- None, Granulation tissue-Skin intact, Epithelization-100% wound covered, surface intact.

(Discussion) Probable mode of action of different drugs:

Trayodashang guggulu⁵-It is an important Ayurvedic formulation used in the Ayurvedic system of medicine for treatment of various inflammatory conditions, It work as inhibition of albumin denaturation, membrane stabilization, antilipooxygenase and antiprotinase activity its possess anti infalamatory as well as antioxidant activity.

Amalaki rasayana⁶-One of the strongest antioxidant of Ayurveda which besides supplementing nutritions get obviate these free radicals, it is found to be anti inflamatory and antipyretic, extract of its fruit possess analgesic effect, it also possess antimicrobial activity against klebsiela pneumonie, pseudomonas and E.coli and having immune stimulant activity

Ashwagndha churna⁷ - Withania somnifera is a plant which is being used since long long time in ayurveda, extracts of its roots contain many bioactive chemical constituent including alkaloids, glycosides, steroids, terpenoids, saponins, tannins and reducing sugar which shows the activity of anti- inflammatory, antispasmodic and analgesic action.

Prapaundrikadi ghrita-This drug is described by Acharya *Chakradutta* in the chapter *Vrana Sotha Adhikara* for the purpose of wound healing, it contain few Ayurvedic plants(6) which have the following activity in the process of wound healing.

Sacchrum officinarum⁸⁻⁹-The bark of sugarcane demonstrate a strong antibacterial activity on gram negative bacteria indicating its high antibacterial potential and effectiveness in the treatment of wound infection. Its flavonoid has been reported to possess anti inflamatory activity it also possess antioxidant activity

Rubia cardifolia¹⁰-Extract of rubia cardiflia shows marked infiltration of the inflamatory cells, it increases the blood vessel formation and enhanced

proliferation of cells, this drug prevents the prolongation of inflammatory phase, tannins and anthraqinones are major phytoconstituent present in this plant which may be required for wound healing it also have antibacterial effect along with antiinflammatory effect which is studied in rats at a dose of 10-20ml/kg of water extracts

Glycyrhhizha glabra¹¹⁻¹²-Its aqueous extract of leaves possess the ability of wound healing by decreasing the level of wound area, increase the percentage of wound contraction and decrease pus discharge. It is also active against some bacteria like E.coli, staphylococcus aureus, pseudomonas fluorescens.

Viteveria zizanoides¹³-Its found t be an effective antibacterial agent which also posses antifungal activity

Prunus cerasoides¹⁴- Its phytoconstituent shows the activity f antipyretic antioxidant anti-inflammatory and analgesics. some studies revealed that it contains antimicrobial activity against both gram positive as well as gram negative bacteria.

Curcuma longa¹⁵⁻¹⁷-This plant is having a active ingredients which is cur cumin having analgesic and anti inflamatory effect, it contain vitamin A,B and C which have an important role in the healing of wounds and regeneration. turmeric end in early synthesis of collagen fibre by mimicking fibroblast activity. It also acts as antioxidant as free radicals are considered to be the major cause of inflamation during wound healing process, curcumin application on wounds enhances epithelial regeneration and increase fibroblast proliferation and vascular density also found t be increase cutaneous wound healing through involvement in tissue remodeling granulation tissue formation and collagen deposition.

Conclusion-Leg ulcer are common and very debilitating and carry a huge impact on the patient life. venous ulcers are the most common of all ulceration followed by arterial and mixed variety. Chronic leg ulcers have a profound economic psychical and social effect on the lives of the patient and their immediate families. so there is need for better understanding of the complex biological mechanism of wound healing but also to harness the technology for development of better wound care products which help in the early healing of chronic

wounds thereby minimizing the cost of treatment and the socioeconomic burden. There should be a good approach to investigate these patients to make a proper diagnosis so that a appropriate treatment may be started soon.



Day 1st



Day 20th



Day 40th



Day 60th

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